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**MCCREARY COUNTY BUSINESS PERMIT APPLICATION** FORM MCBP-APP: 5/17

**P O BOX 327, WHITLEY CITY, KY 42653**

**PHONE: 606-376-1322 FAX: 606-376-4319**

stephanie@mccrearycounty.com

*Answer all questions in full*

1. NAME OF BUSINESS OR APPLICANT:
2. DOING BUSINESS AS OR TRADE NAME:
3. BUSINESS ADDRESS *(911 ADDRESS) :*
4. MAILING ADDRESS:
5. JOBSITE LOCATION (IF APPLICABLE):
6. EMAIL ADDRESS:
7. TELEPHONE #’S: BUSINESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CELL/HOME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. NATURE OF BUSINESS:
9. DATE BUSINESS BEGAN OR WILL BEGIN:
10. WILL YOU HAVE W-2 EMPLOYEES? NO YES IF YES, HOW MANY?
11. WILL YOU HAVE 1099 EMPLOYEES? NO YES ***IF YES, ATTACH A COPY OF 1099’S***
12. DO YOU LEASE THE PROPERTY WHERE THE BUSINESS IS LOCATED? NO YES *IF YES, PROVIDE THE OWNERS NAME* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. TYPE OF OWNERSHIP (check one): SOLE PROPRIETOR/INDIVIDUAL PARTNERSHIP CORPORATION S-CORPORATION

 LLC/SOLE PROPRIETOR LLC/PARTNERSHIP LLC/CORPORATION

 NON-PROFIT \* ***NO FEE******\** *MUST ATTACH “IRS ACKNOWLEDGEMENT OF STATUS”OR “ARTICLES OF INCORPORATION” FROM STATE OF KENTUCKY AND WITHHOLD 1.5% ON APPLICABLE EMPLOYEES.***

1. FEDERAL ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AND/OR SS #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. ACCOUNTING PERIOD FOR FEDERAL RETURN: CALENDER YEAR-(**12/31)** OR FISCAL YEAR END(STATE THE DATE): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­
3. DO YOU FILE YOUR RETURN UNDER A PARENT COMPANY? NO YES ***IF YES, LIST THE NAME OF THE COMPANY BELOW***

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AND FEDERAL ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

1. IF YOU ARE A GENERAL CONTRACTOR WILL YOU USE SUBCONTRACTORS? NO YES ***\*MUST ATTACH LIST OF SUBCONTRATORS***
2. LIST CONTACT PERSON: PHONE NO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. NAME OF OWNERS: PHONE NO: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

PHONE NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NO: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Under penalties of perjury, I declare I have examined this application, and to the best of my knowledge and belief, it is true, correct and complete.**

1. **SIGNATURE OF APPLICANT: DATE\_\_\_\_\_\_\_\_\_\_\_\_**

MAIL APPLICATION AND CHECK TO:

**MCCREARY COUNTY BUSINESS PERMIT**

**P O BOX 327**

**WHITLEY CITY KY 42653**

**OFFICE HOURS: MONDAY – FRIDAY, 8:30am – 4:30pm**

**MAKE CHECKS PAYABLE TO: TAX ADMINISTRATOR**

 **$20 LOCAL BUSINESS**

**$50 ITINERANT BUSINESSES**

**\* NON PROFIT**